Clinical Nutrition How, When, Where, and Why?

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Contact Info

Feel free to email me with additional questions or comments.

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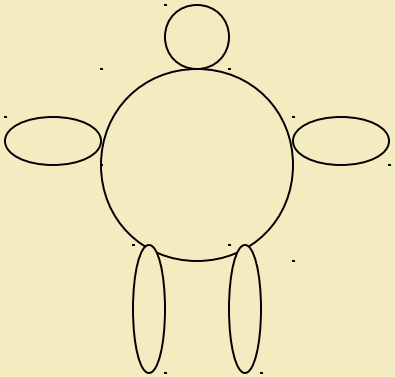
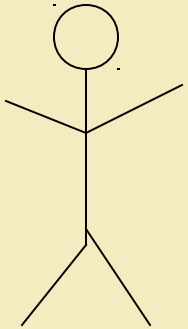


Malnutrition

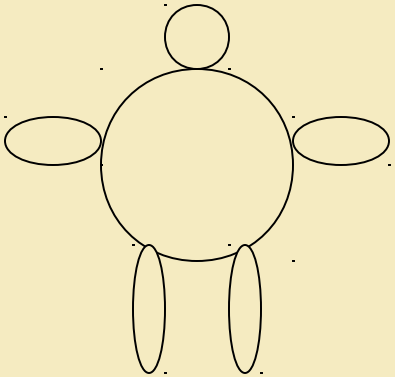


Overnutrition

- Industrialized
- Too Much, Too Much
  - Calories
  - Fat
  - Salt
  - Sugar
  - Cholesterol
- Diseases
  - Heart Disease
  - Stroke
  - Diabetes

Undernutrition

- 3rd World
- Too Few, Too Few
  - Macronutrients
  - Vitamins
  - Minerals
- Diseases
  - Scurvy
  - Pellegra
  - Beriberi
- Specific patients
  - Cancer
  - ICU



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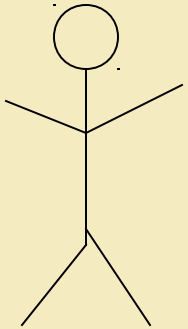
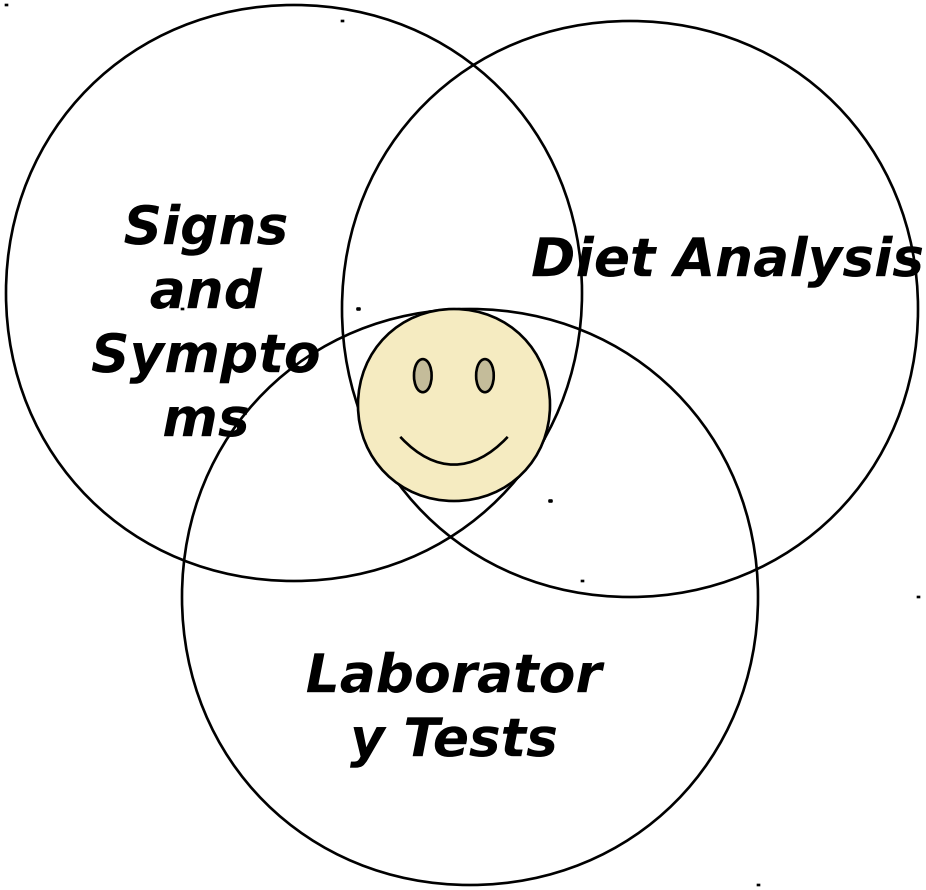


Overnutrition

- Signs
  - Obesity
  - High Blood Pressure
- Lab Tests
  - LDL, HDL, TG
- Diet
  - Restrict Fat
  - Restrict Calories
  - Restrict Salt
  - Restrict Sugar

Undernutrition

- Signs
  - Sore mouths, skin
  - Anemias
- Lab Tests
  - Serum Albumin
  - Nitrogen Balance
  - Immunity Tests
- Diet
  - More Vitamins
  - More Protein
  - More Fat


Signs and Symptoms
Diet Analysis
Laboratory Tests

You need all three pieces of evidence to arrive at a definitive diagnosis of a nutritional problem.

If this is not possible under a specific situation, then at least two of the three, never just one.

PATHOPNEUMONIC

There are no clinical signs and symptoms or laboratory tests that are pathopneumonic for a nutritional disorder.

Pathopneumonic: Specific for a certain problem.

The presence of a sign, symptom, or laboratory result by itself cannot identify a specific nutritional problem.

Example

- Clinical sign

  angular cheilosis in an elderly patient

  - vitamin B deficiency or poorly fitting dentures?
- Laboratory test

  low serum albumin

  -protein deficiency or edema or liver damage?
- Dietary “deficiency”

  low intake of an essential nutrient

  -RDA’s are set at a level 10X greater for most people.